

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5779

STATE FILE NUMBER
63-021566

FILED JUN 7 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis, Mo

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. John Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2011 N. Market St.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Mary

Fleming

4. DATE OF DEATH

Month

Day

Year

May 29, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-8-1888

9. AGE (last birthday)

75

IF UNDER 1-YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Theodore Beuter

13b. MOTHER'S MAIDEN NAME

Gordan

14. NAME OF HUSBAND OR WIFE

Edward Fleming (decd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Theodore Fleming 1150 Astoria Dr.

18. CAUSE OF DEATH (Enter only one cause per item)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MULTIPLE INFARCTIONS OF LUNGS, Jejunum

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

LIVER Due To Embolism Massive & Diffuse

DUE TO (c)

454X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/22/63

to 5/29/63

and last saw him alive on 5/29/63

Death occurred at

11:40 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry L. Regier, Jr. M.D.

22b. ADDRESS

4567 Laclede ST. L. MO.

22c. DATE SIGNED

5-31-1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-1-1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

John Stygar & Son

5541 Riverview

25. DATE RECD. BY LOCAL REG.

MAY 31 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300 Rev. 4/59

1

2

3

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11

12

13

74

Missouri
 St. Louis
 2011 N. Market St.
 May 29, 1903
 Fleming
 72
 7-8-1888
 U.S.A.
 St. Louis, Mo.
 Home
 Theodore Beuter
 Theodore Fleming 1150 Astoria Dr.
 (deed) Edward Fleming
 St. Louis, Mo.
 St. John Hospital
 Female
 white
 Home wife
 Theodore Beuter
 no

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *J. R. Foster*

Licensed Embalmer No. 3980

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.